1325022



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

OMB APPROVAL					
OMB Numb			5-0076		
Expires:	July	31.2	2008		
Expires: July 31.2008 Estimated average burden					
hours per re	espone	se	16.00		

SEC USE ONLY						
Prefix		Serial				
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DA	TE RECEIVI	ED				

UNIFORM LIMITED OFFERING EXEMPTI	ON L
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series A Preferred Stock Financing	<u>8</u> 28
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE WAN PROBABILITY SERVICE
A. BASIC IDENTIFICATION DATA	.111 2 9 2008
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) RF Surgical Systems, Inc.	Washington, DS 1023
2700 Richards Road, Suite 204, Bellevue, WA 98005 (4	elephone Number (Including Area Code) 25) 283-0678
(if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business PROCE	
Develop and market medical devices AUG 0 4 2	2008 RECEIVED
Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization: 112 014 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	OFFICE OF THE SECRETARY
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Securities.	ction 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ✓ Director General and/or Managing Partner Full Name (Last name first, if individual) Cosens, Kevin Business or Residence Address (Number and Street, City, State, Zip Code) 2700 Richards Road, Suite 204, Bellevue, WA 98005 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ✓ Director General and/or Managing Partner Full Name (Last name first, if individual) Blair, William Business or Residence Address (Number and Street, City, State, Zip Code) 2700 Richards Road, Suite 204, Bellevue, WA 98005 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Port, Jeffrey Business or Residence Address (Number and Street, City, State, Zip Code) 2700 Richards Road, Suite 204, Bellevue, WA 98005 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Allen, Doug Business or Residence Address (Number and Street, City, State, Zip Code) 2700 Richards Road, Suite 204, Bellevue, WA 98005 Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Goesling, David Business or Residence Address (Number and Street, City, State, Zip Code) 2700 Richards Road, Suite 204, Bellevue, WA 98005 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Menlo Ventures X, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 3000 Sand Hill Road, Building 4, Suite 100, Menlo Park, CA 94025 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					В. І	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Hac the	icener sole	d, or does th	ne iccuer i	ntend to se	II to non-a	ccredited i	nvectors in	this offer	ina?		Yes	No G
٠.	rias tile	155001 5010	a, or does to			Appendix				_	***************************************		x
2.	What is	the minim	ium investn					-				\$	
												Yes	No
3.			permit join		-							K	
4.	commis If a pers or state:	sion or sim son to be lis s, list the na	ilar remune ted is an ass	ration for s sociated po roker or de	solicitation erson or age ealer. If me	of purchasent of a broker ore than five	ers in conne ker or deale e (5) persoi	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	irectly, any he offering, with a state ons of such		
Full	l Name (Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Lip Code)			-		<u></u>	·
Nan	ne of As	sociated Br	oker or De	aler			,			-			
Stat	es in Wi	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*(*************	**********		☐ AI	1 States
	AL IL MT RI	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full	l Name (Last name	first, if indi	ividual)		•	2 2 4 4						
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Nan	ne of As.	sociated Br	oker or De	aler									
Stat	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)				***************************************		•••••	☐ AI	l States
	AL IL	AK IN	AZ	AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
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Dus	iness or	Kesiaenee	Address (1	vumber an	a succi, C	ity, State, i	Zip Code)						
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Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	-					
	(Check	"All States	s" or check	indiviđual	States)			******	••••••••••	***************************************		☐ AI	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ł.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	
	Equity	8,200,000.0	8,200,000.00
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	S	
	Partnership Interests	3	
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Agg regate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	"	
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		<u> </u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		
	Regulation A		
	Rule 504		\$
	Total	74	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	[\$
	Printing and Engraving Costs		_ _
	Legal Fees		\$ 90,000.00
	Accounting Fees	_	_
	Engineering Fees		¬ \$
	Sales Commissions (specify finders' fees separately)	_	7 \$
	Other Expenses (identify) blue sky filing fees	_	\$ 300.00
	Total		00.000.00

L	C. OFFERING PRIGE, NUM	BER OF INVESTORS, EXPENSES AND US	SE OF PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjuste	d gross	s8,109,700.00
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estima f the payments listed must equal the adjuste	ate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			. 🗀 \$
	Purchase of real estate			
	Purchase, rental or leasing and installation of mad	chinery		
	and equipment			
	Construction or leasing of plant buildings and fac			_ [] 3
	Acquisition of other businesses (including the val offering that may be used in exchange for the assissuer pursuant to a merger)	ets or securities of another	□ ¢	ات د
	Repayment of indebtedness			_
	Working capital			
	Other (specify):			
			🔲 \$	_ []\$
	Column Totals		<u>\$</u> 0.00	2 \$_8,109,700.00
	Total Payments Listed (column totals added)			,109,700.00
		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the lature constitutes an undertaking by the issuer to ful information furnished by the issuer to any non-acc	mish to the U.S. Securities and Exchange C	Commission, upon writt	
issi	er (Print or Type)	Signature	Date	/
RF	Surgical Systems, Inc.	Hand Hoest	1/23/	08
Nai	ne of Signer (Print or Type)	Title of Signer (Print or Type))	<u> </u>
Dav	d Goesling	Vice President, Finance	u	

END

-- ATTENTION --

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)